

ATTACHMENT E
Planned Activities - July 1, 2008 - June 30, 2009

Name and brief description of this planned activity:

What goal(s) and objective(s) of the State Suicide Prevention Plan and the State of Wyoming Suicide Prevention Initiative 5-Year Plan will this activity further?

Responsible Party	Key Dates & Deadlines	Rationale: (Why will it work?)	Target Group(s)	Outcomes to be Measured	Evaluation Method(s)

Use this format for each separate goal to be addressed.